



## Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825  
TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



# APPLICATION FOR TEMPORARY LICENSE

If you have current licensure in another state or have current certification from the American Speech-Language-Hearing Association (ASHA) that allows you to practice in your home state as a speech-language pathologist or audiologist, you may be eligible for a temporary license which would allow you to practice in California while your application is being processed. **If your home state does not require at least thirty-six (36) weeks of supervised professional experience in order to practice in that state, you must have worked at least one (1) year full time continuous employment in the past three (3) years to qualify for California licensure.** In order to obtain the temporary license, you must complete this request and provide the required supporting documents.

### PRINT IN BLUE INK OR TYPE.

FULL NAME:		LAST	FIRST	MIDDLE
*ADDRESS OF RECORD:		STREET		
CITY	STATE	ZIP CODE		
TELEPHONE: RESIDENCE		BUSINESS		
(       )		(       )		
DATE YOU WOULD LIKE PRACTICE TO BEGIN IN CALIFORNIA: (Keep in mind you may NOT begin until you have received the Temporary License.)				
LIST ALL STATES IN WHICH YOU HOLD A CURRENT <u>UNRESTRICTED</u> LICENSE.				

You must complete this request and return with the following:

- Completed Application for Licensure
- \$90 fee (\$60 application fee and \$30 temporary license fee.)
- Proof of current state licensure **OR** proof of holding current ASHA certification. (Original letter of good standing. **Photocopies will not be accepted.**)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**YOU MAY NOT BEGIN PRACTICE UNTIL YOU RECEIVE THE TEMPORARY LICENSE.**

**\*Your address of record is public information and will be released upon request.**